

The background of the cover is a photograph of ancient rock art on a reddish-brown, cracked rock surface. The art includes several large, stylized human figures with rectangular bodies and some with headdresses. There are also smaller, more abstract figures and symbols scattered around. The overall tone is earthy and historical.

Utah Insurance Department Fraud Division

FY2016 Annual Report



MISSION STATEMENT

The Insurance Fraud Division acts as the primary law enforcement agency in the State of Utah for investigating suspected fraudulent insurance claims. The core mission of the Insurance Fraud Division is to protect the public from economic loss and distress. We do this by actively investigating, prosecuting and seeking restitution from those who commit insurance fraud. We further seek to deter insurance fraud through active public awareness education.

Insurance Commissioner:
Todd Kiser

Fraud Division Director:
Armand A. Glick

Fraud Director's Message

The enclosed annual report provides an informative look at the efforts, accomplishments, and challenges of the Utah Insurance Department Fraud Division for Fiscal Year 2016.

I am very proud of the efforts of the Fraud Division and feel we have one of the most effective and successful insurance fraud investigative units in the nation. I am also proud of the continued collaboration and working relationship between the fraud division, insurance company special investigative units, local and federal law enforcement, and the National Insurance Crime Bureau. Collaboration with these partners is crucial for our overall success.

The Insurance Fraud Division is not funded through taxpayer funds; instead funding primarily comes through assessment to insurers who operate in the State of Utah. The fraud assessment is based on total premium sold in the prior year by each company. There are nearly 1,600 companies licensed to sell insurance in the State. The Fraud Division's annual budget is approximately \$2,100,000.

In addition to the fraud assessment, the Insurance Fraud Division is authorized by state statute to recover the costs of our investigations from the defendants we prosecute.

Unfortunately, insurance fraud continues to be a crime that is accepted by many as a way to make financial gain. Many feel that insurance companies are just big businesses and that lying on a claim is ok since they have been paying for their insurance for years without ever filing a claim. Others simply look to insurance as an easy target for their criminal activities.

Insurance Fraud is a major crime that imposes significant financial and personal costs on individuals, businesses, government and society as a whole. It is estimated that each household pays \$400—\$700 per year in increased (non-health) insurance premiums due to insurance fraud. It is a crime that affects us all. (FBI—Insurance Fraud 03/07/2010)

It is the goal of the Insurance Fraud Division to aggressively investigate and prosecute offenders in an effort to reduce the cost of insurance fraud in the State of Utah to our citizens. We also strive to increase public awareness of insurance fraud and how it detrimentally affects our economy.

More than \$32 billion in fraudulent property/casualty claims are made annually in the United States. Estimates for health care fraud range between \$77—\$259 billion. (Insurance Information Institute, Insurance Fraud, January 2016)

Your continued support for the Insurance Fraud Division will allow Utah to remain a national leader in the field of insurance fraud investigations.

Sincerely,
Armand A. Glick
Director, Insurance Fraud Division
Utah Insurance Department

Department of Insurance - Overview

The Utah Insurance Department is the state regulatory authority for the insurance industry and is responsible for enforcing all insurance-related laws of the State of Utah.

The mission of the Utah Insurance Department is to foster a healthy insurance market by promoting fair and reasonable practices that ensure available, affordable and reliable insurance products and services.

The mission of the Department is accomplished through educating, serving and protecting consumers, governmental agencies, and insurance industry participants at a reasonable cost. We cooperate with and serve state and other governmental agencies in fulfilling these responsibilities.

While one of the Department's objectives is to investigate regulatory violations, the Department's Fraud Division was created in 1996 with the mission of investigating criminal insurance fraud. The Insurance Fraud Division investigators are Utah POST certified Special Function Police Officers.

The Fraud Division works closely with insurance company investigators, local law enforcement, federal law enforcement, private non-profit organizations such as the National Insurance Crime Bureau (NICB), as well as state and federal prosecutors to bring both consumer and industry offenders to justice.

Incoming cases, tips, and complaints of possible fraud are received from a variety of sources. Most cases are received through the National Insurance Crime Bureau (NICB), Special Investigative Units (SIU) within the insurance industry, other law enforcement agencies, and citizens.

When a tip or complaint is received, it is reviewed to determine whether further investigation is merited. Cases are then assigned to an investigator who pursues all possible leads, conducts interviews, and gathers evidence.

When the investigation is complete, the investigator presents the case to the Attorney General's Office which is contracted to provide dedicated attorneys to prosecute insurance fraud. These attorneys are housed in the same offices with the fraud investigators. This coordinated approach results in greater success in case prosecution and resolution.

What is Insurance Fraud?

Insurance fraud happens when people deceive an insurance company in an effort to collect money to which they aren't entitled. Insurance Fraud is the second most costly white-collar crime in America, behind tax evasion. Insurance industry studies indicate that 10 % or more of property and casualty claims are fraudulent.

The National Health Care Anti-Fraud Association conservatively estimates that 3% or \$70 Billion is lost to health care fraud each year. Other law enforcement estimates place this as high as 10% or \$259 Billion annually.

The Coalition Against Insurance Fraud estimates that insurance fraud costs Americans more than \$96 Billion annually. The Coalition also believes that up to 30% of a policy holder's insurance premium is due to charges added to cover industry losses from insurance fraud.

Insurance fraud is typically committed by consumers, insurers, or service providers. A few general examples are as follows:

Consumer Fraud:

Adding items to a legitimate theft claim that were not stolen; obtaining insurance after an accident and claiming the accident occurred while insured; abandoning a vehicle and then reporting it stolen; staging an auto accident using a previously damaged vehicle and claiming the damage is all new; exaggerating injuries to receive treatment or compensation; lying about the number of drivers in your home on an application for insurance; creating false receipts to obtain replacement value on the claim; or doctor shopping for narcotics that are not medically necessary.

Insurer Fraud:

Agents selling false insurance policies; keeping the policy holder's premium payments and not forwarding them to pay for the policy; or agents fraudulently using personal information belonging to someone else to obtain a better premium quote for the applicant.

Provider Fraud:

Health care providers, contractors, and others may artificially inflate their billings to insurance; a dentist may bill for high noble metals while using a lower grade material for a crown; a doctor may proscribe a treatment that is not medically necessary; or a roofer damages or removes more shingles in order to create enough damage for insurance to cover replacing the entire roof.

Insurance Fraud FAQ's (Coalition Against Insurance Fraud)

What isn't fraud?

- Good-faith disagreement between an insurance company and consumer about a claim; and
- Decision by an insurer to decline your application, or not renew your coverage.

Why is fraud so big?

- Insurance companies are in the business of paying claims. In many instances insurance companies unwittingly encourage fraud by paying suspicious claims too easily. It is cheaper to pay than risk fighting in court or a having a lawsuit for bad faith.
- Low Risk Crime. Insurance fraud is a low risk-high reward game. Jail sentences are often light. Professional organizations overseeing doctors and lawyers are reluctant to discipline peers convicted of insurance fraud.
- Consumers tolerate fraud. Too many consumers believe insurance fraud is justified. Two of five Americans want little or no punishment for insurance cheats; they blame the insurance industry for its fraud problems because they believe insurers are unfair.

What are the newest trends?

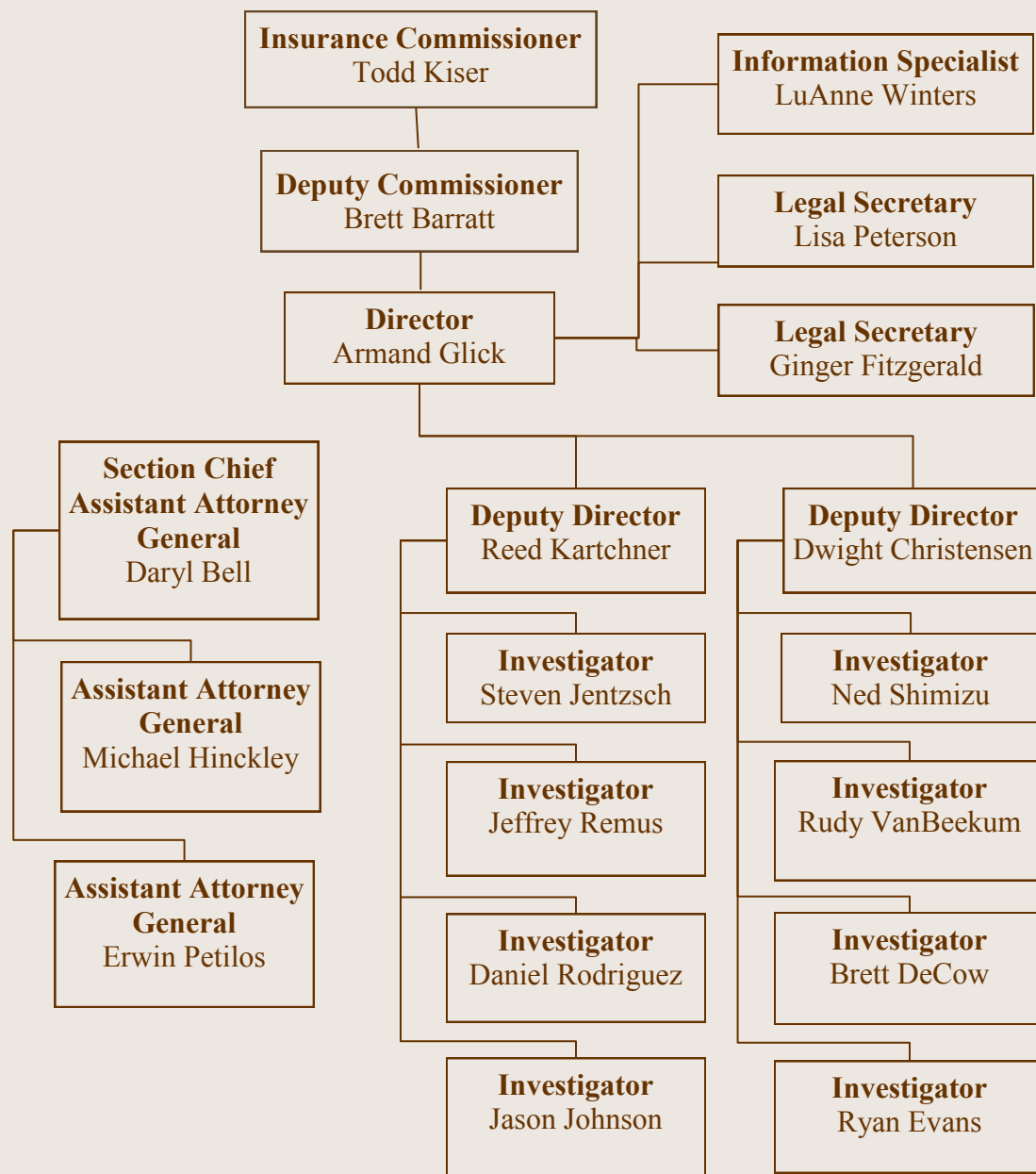
- Large fraud rings. Increasingly, organized criminal enterprises are entering insurance fraud. Staged accidents and health-fraud rings are especially active and spreading.
- Aging baby boomers. As seniors approach retirement they remain major targets of insurance swindles. Schemes in life insurance, long term health care coverage, Medicare and others likely will continue spreading.
- Immigrants are vulnerable. America's large and growing immigrant groups are frequent fraud targets. Con artist prey on immigrant's trust, lack of English skills and ignorance of how insurance works. Fraud rings consisting of these immigrants are also on the rise.
- Internet schemes. As consumers increasingly use the internet, new opportunities for swindlers are available to take money from victims and rout across international borders, posing significant problems for U.S. law enforcement.

How to protect yourself.

- Never sign blank insurance forms; Demand detailed bills for repair and medical services and check closely for accuracy; Be suspicious if the price of insurance seems too low to be true; Be careful of strangers who offer quick cash or urge you to see a specific medical clinic, doctor, or attorney following an accident; Contact the State Insurance Department to verify an insurance agent is licensed; Keep your insurance ID protected.

Insurance Fraud Division Organization

The Insurance Fraud Division is one of eight divisions under the State of Utah Insurance Department. Commissioner Todd Kiser is appointed by Governor Gary R. Herbert and serves as a member of his cabinet. Deputy Commissioner Barratt oversees several divisions including the Fraud Division. The Fraud Division consists of the director, ten criminal investigators and three support staff. In addition the IFD contracts with the Utah Attorney General's Office for three assistant attorneys general who prosecute all criminal cases for the IFD.



Referral Trends

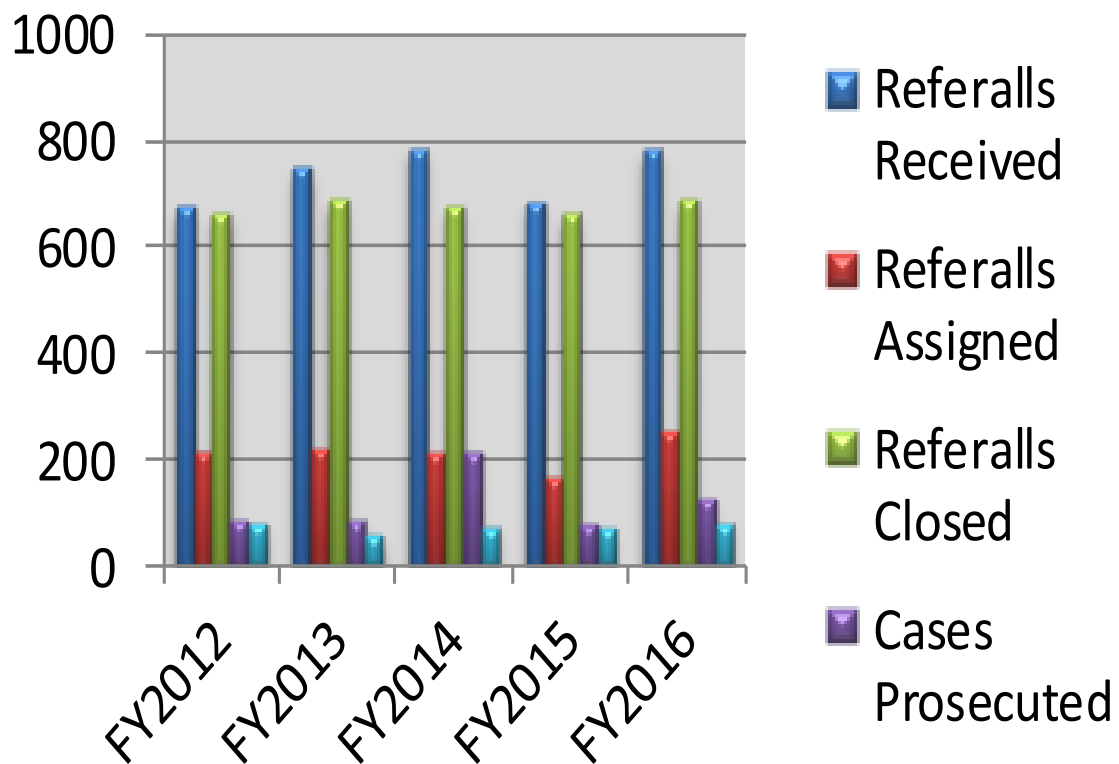
Referrals to the Insurance Fraud Division result in an average of more than 700 cases referred each year.

Capturing the efforts of the Insurance Fraud Division in investigating insurance fraud has proven to be difficult due to a number of variables.

Historically the Insurance Fraud Division has only tracked the number of defendants charged. Typically one incident of insurance fraud resulted in one defendant being charged. In recent years we have seen an increase in offenders who commit many more than just one instance of insurance fraud.

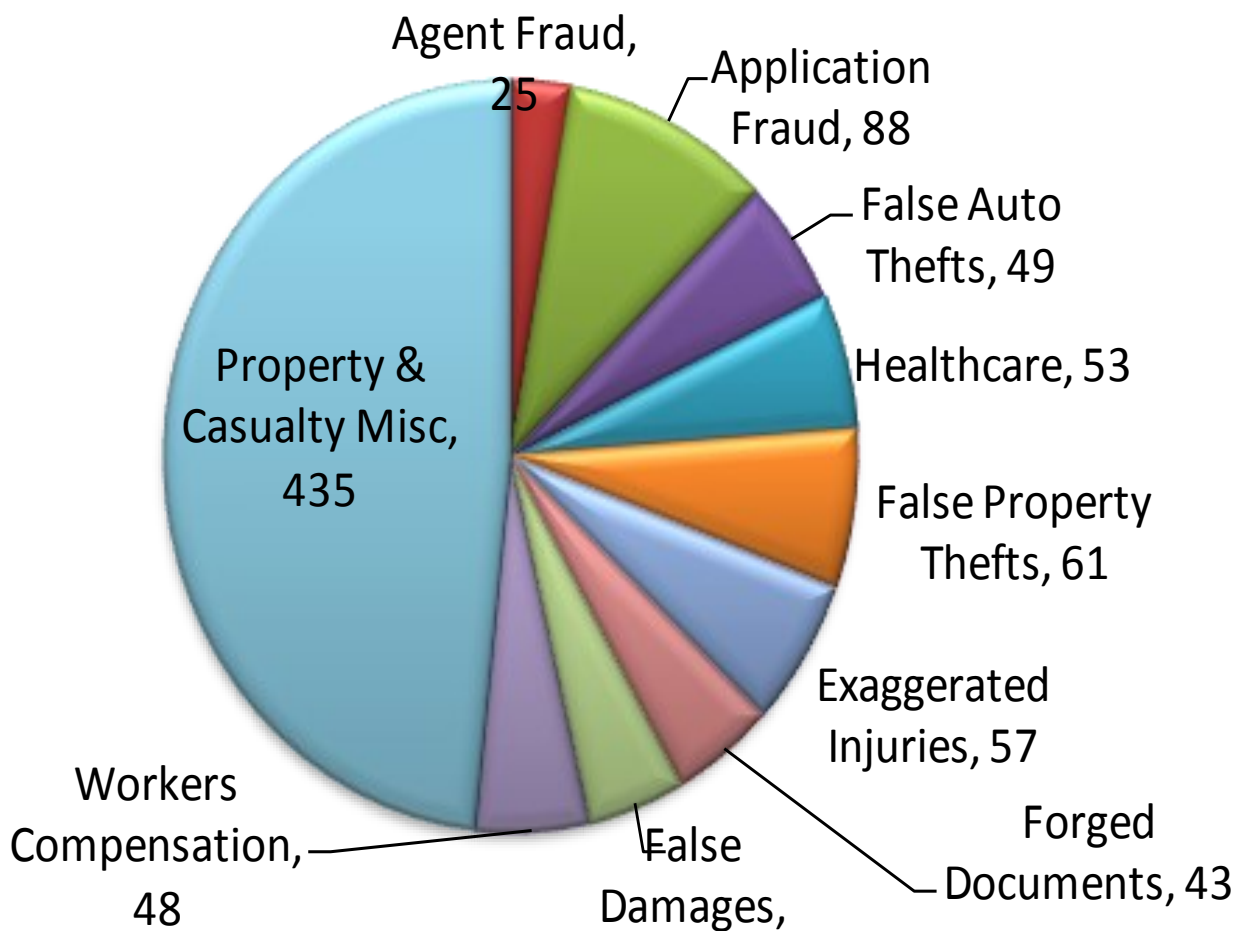
This past year we have continued to experience an increase in the complexity of cases our investigators have been assigned. These complex cases involve far lengthier investigations than many in past years.

Despite this, the Fraud Division succeeded in assigning and investigating more cases, prosecuting more cases, and prosecuting more defendants than in past years.



Referrals By Type

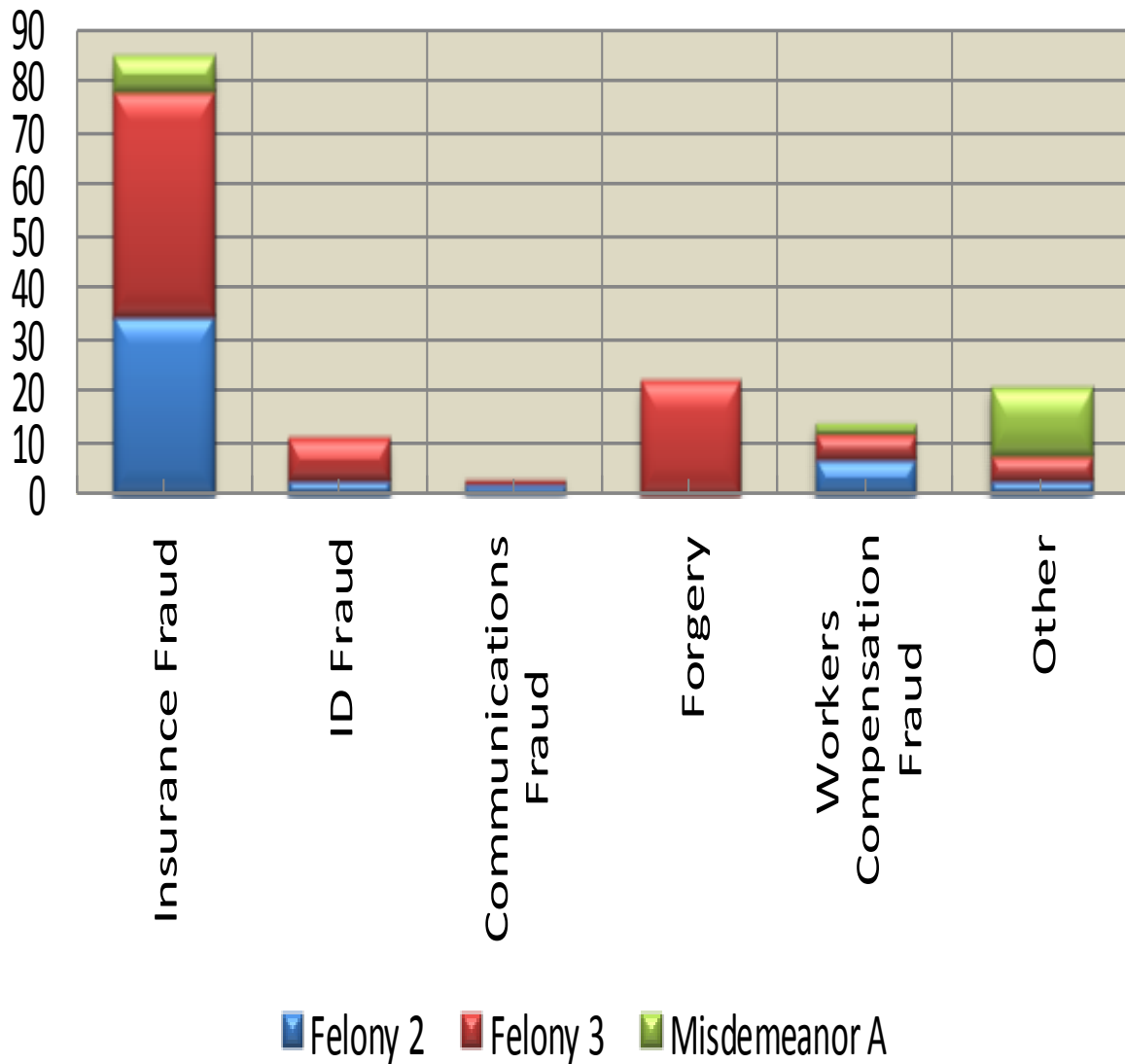
Total Referrals - 783			
Agent Fraud	25	False Property Theft	61
Application Fraud	88	False Auto Theft	49
Healthcare	53	Staged Collisions	10
Exaggerated Injuries	57	Forged Documents	43
Workers Compensation	48	False Damages	41
		Property & Casualty - Other	435



Charges Filed Overview

In Fiscal Year 2016 the Insurance Fraud Division filed criminal charges against 80 defendants who were involved in more than 128 insurance fraud incidents. A total of 156 charges were filed. In most instances defendants were charged with multiple counts based on the criminal actions they committed.

The most common charges filed in Fiscal Year 2016 are shown in the chart below along with the severity of the charge.

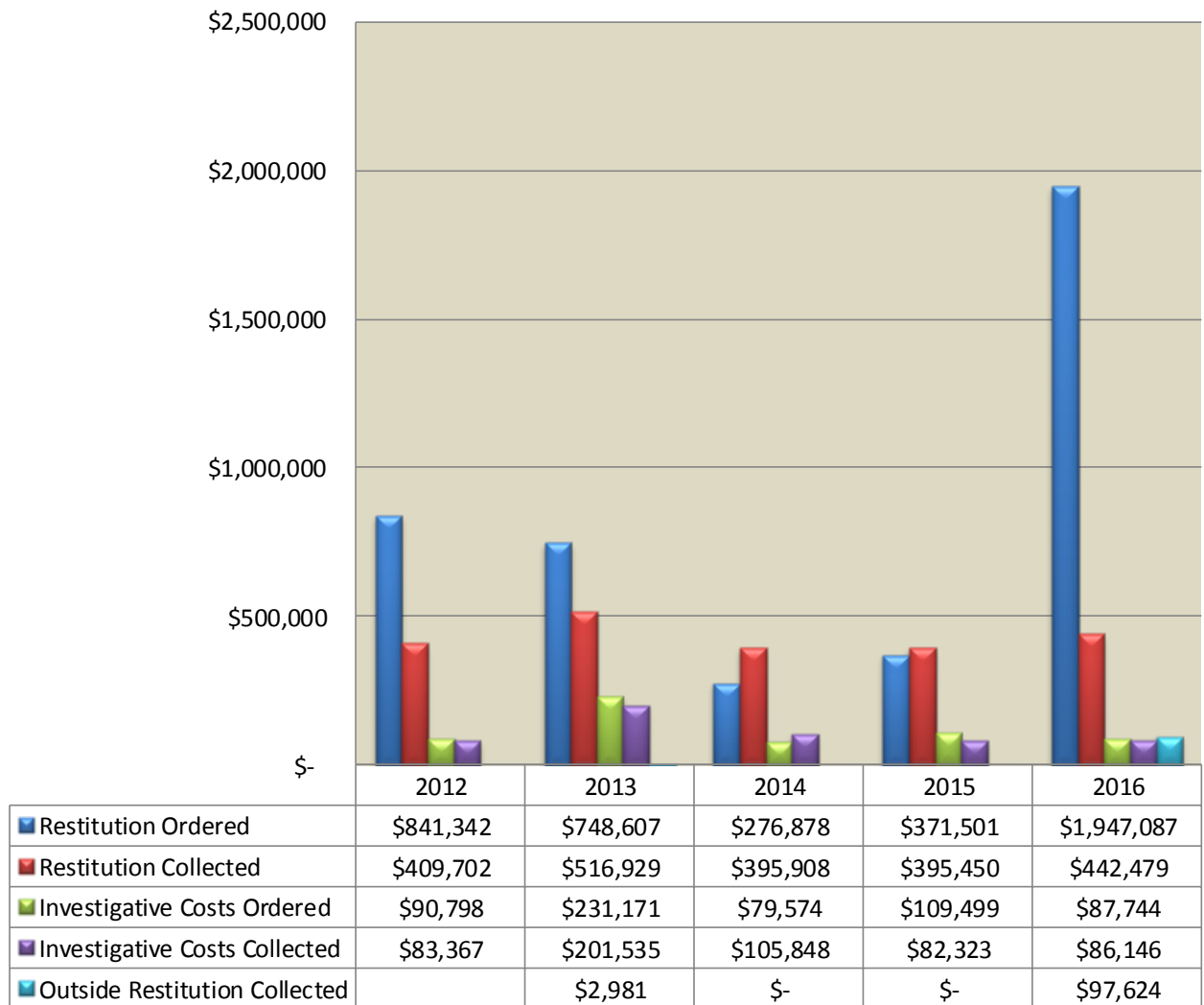


Restitution Collected

The Insurance Fraud Division collects and tracks restitution paid in the cases prosecuted by the Division. The Division processes and accounts for defendant payments and then issues payment to the appropriate victims in each case. In FY2016 the IFD collected and distributed \$540,103 to victims of insurance fraud.

In some cases restitution is paid directly or collected through an outside agency such as those cases prosecuted federally. In these cases restitution is identified as outside restitution and where verified it has been included below.

The Insurance Fraud Division always issues restitution payments to victims first before collecting any investigative costs from those convicted of insurance fraud.



Compound Pharmacy Fraud

Compound Pharmacies are cropping up all over Utah and other states. Of concern is the trend of pharmacies manufacturing a number of different compound creams for treatment of scars, pain and migraines.

Consumers should be cautious when considering if a cream will be of benefit to them. There are several issues to consider. Is there evidence that the creams work? How much does the cream cost you and your insurance? Were you cold called by the pharmacy or a sales person offering the cream and told your insurance would pay for it? Have you met with your own doctor and asked these questions?

Many of these creams are billed to insurance in excess of \$6,000-9,000 per monthly dose when they actually only cost a few hundred dollars to manufacture. Is this fraud?

Although the amount charged for these medications would seem unethical, it is not fraud. Our free market allows for providers to charge what the market is willing to pay.

However several of these pharmacies engage in predatory marketing and sales practices consumers should be aware of.

As an example:

Pharmacy telemarketers obtain a list of patients with unfilled prescriptions. They cold call these patients under the guise of wanting to fill their prescription. The call quickly turns to them volunteering that they have a compound cream that they feel would be beneficial to the patient.



The telemarketer advises they will contact the patient's doctor for them, there will be no cost to the patient to try it out, and that insurance will pay for this cream. The pharmacy sends a prefilled prescription to the doctor and advises that the patient has requested the doctor issue the prescription. The patient is never told the cost that his insurance company will be charged. If the patient turns the offer down, another sales agent calls the next day. And again and again until the patient gives in to the offer.

Compound Pharmacy Fraud

The IFD launched investigations into two pharmacies this past year who worked together to maximize their profits. This investigation resulted in filing charges against one sales person, Ibrahim, who recruited friends, family, and family co-workers to obtain prescriptions for these creams. Ibrahim was paid large commissions amounting to thousands of dollars for his sales.

Prospective customers were told insurance would pay for the creams and the co-pays were either waived or reduced. Little did they know that their employer, a self insured company, would be billed several hundred thousand dollars for creams that the patients stopped using after one or two treatments; or never used at all.

One pharmacist working for both pharmacies was found to have forged dozens of prescriptions for these creams for patients Ibrahim recruited. Criminal charges and a plea agreement regarding this pharmacist is pending his reimbursement of thousands of dollars to victims.

While the pharmacies make hundreds of thousands of dollars selling these creams, many insurance companies have decided to stop paying for compounds altogether.

Even worse, depending on your pharmacy benefit, one or two creams may exhaust your pharmacy benefit for the year and leave you paying out of pocket for the medications you legitimately depend upon. These pharmacies don't care about your real medical prescription needs. They are focused on their own profits and how they can make more money.

Additional practices to be aware of:

Pharmacies and Durable Medical Equipment Companies that mail out diabetic and other supplies on a monthly basis.

Be wary of being sent supplies that exceed your needs, are expired, are for distribution in a different country.



Drug Rehabilitation Facility Fraud



We all know that addiction treatment and rehabilitation services are necessary and very expensive. We have a number of great facilities in the State of Utah. However we also have a few that engage in questionable practices where it appears they are more interested in making money than in providing treatment to the patient.

The IFD has received a number of complaints regarding questionable facilities and several investigations are ongoing.

The following are a few things that should raise a red flag when looking for a facility for treatment:

Prospective clients are recruited from jails by a recruiter who is payed very well for lining someone up to seek treatment from their facility.

Prospective clients are told they have a scholarship to attend treatment and will not have to pay for anything as long as they stay the entire length of specified time. The longer the stay, the more insurance will end up paying and the facility has time to recoup their investment in paying insurance premiums for the client.

Prospective clients are asked for their personal identification information. The facility will apply for private insurance for the client. Often this is done without the clients knowledge. Being released from jail or moving from one state to another state are exceptions to open enrolment restrictions under the affordable care act.

As most clients have little income, they likely do not qualify for private insurance and should be covered by Medicaid. In order to obtain private insurance either the client or the facility lie on the application concerning income in order to qualify for an insurance plan that pays well for drug rehabilitation treatment.

The facility pays the insurance premiums (Scholarship) either directly or through a non-profit LLC set up and funded by the facility. This practice is discouraged by Federal Health and Human Services .

The client is often unaware that insurance was obtained. If client chooses to leave the facility early, the facility will often try to bill them thousands of dollars for treatment. When the client leaves, the facility stops paying the insurance premiums

Drug Rehabilitation Facility Fraud

and the client is left without insurance until the next open enrollment period.

Clients are often drug tested excessively. Even when a test is negative, it will be sent to a lab for a full analysis which costs hundreds to thousands of dollars.

The facility often has clients sign over rights of attorney. The facility then blocks all communication with the client from the insurance company and from others.

Facility may instruct the client to show up for treatment under the influence of drugs so that more expensive treatment can be justified.

Facilities may use outdated treatment modalities that have been shown ineffective in helping clients overcome drug addictions.

Some clients report that they have greater access to drugs inside the facility than outside the facility. Clients meet to calendar each day but receive very little treatment.

Legislative Action

Due to complaints from the drug rehab industry regarding the bad actors in their industry, a legislative committee was formed to address concerns.

The result was State of Utah Human Services being given more specific authority to license, inspect, and investigate complaints regarding outpatient treatment facilities.

Because nearly all treatment facilities are out of network for insurance companies, insurance companies lacked authority to inspect medical records before paying a claim. The law was changed to allow any insurance company the ability to inspect medical records from a treatment facility before paying for treatment. It is hoped that this will help eliminate or identify facilities that are billing for treatments never provided.

Due to the extreme costs of addiction recovery treatment many insurance companies have elected not to provide coverage for these services. Fraud in this area runs the risk of causing many more to abandon coverage in this area.



2015 IASIU International Public Service Award

In September of 2015, the Insurance Fraud Division was nominated and selected to receive the Public Service Agency of the Year Award by the International Association of Special Investigation Units. IASIU represents insurance fraud investigators from around the world.

The Insurance Fraud Division was nominated by American Family Insurance for its two year investigation into two staged accident rings. One operating in Utah County which involved more than 20 staged accidents. The other operating in Kamas that involved more than 60 staged accidents.

The two accident rings used salvaged vehicles to file false accident damage claims using more than 40 vehicles with more than 15 different insurance companies. These two accident rings filed false claims in excess of \$300,000.

These two investigations resulted in the arrest of more than a dozen individuals and the recovery of more than \$100,000 in restitution which was paid back to victim insurance companies.

Many of the suspects were deported following jail and prison sentences. The main ring leader from the Utah County accident ring fled to Bolivia where he remains a fugitive.



Major Case Highlight—Staged Accidents

State vs. MONJAZEB

Between January 5, 2010 through December 22, 2015, Monjazez, while driving the same three vehicles, was involved in at least 23 known auto accidents.

Many of the accidents occurred at the same locations with similar circumstances. All accidents occurred in the Salt Lake County area. In nearly all cases Monjazez intentionally collided with or placed his vehicle in a position where the accident was a complete certainty.

Monjazez would aggressively assert that the other driver, usually a single female, was at fault. Monjazez would intimidate these other drivers into signing prepared statements that they were at fault and pushed them for cash settlements without calling the police.

When police were called, they placed the victim at fault based on assertions of Monjazez and that the victim was typically making a lane change where Monjazez had position of occupancy.

Monjazez's three vehicles all had pre-existing damages which he blamed on the accident. The victim vehicles typically had minimal damages while Monjazez's vehicle damage was in the thousands.

Following the accidents, Monjazez would remove parts and make the accident appear worse than it was. Because the victim vehicles were typically older, had liability only coverage, and were not repaired. Insurance appraisers only inspected Monjazez's vehicles not realizing the disparate damages.

Monjazez's claims exceeded \$66,000. In addition, each victim had their insurance rates increase while their vehicles often were never repaired.

Monjazez was arrested and his court case is pending.



Monjazez



Victim Vehicle



Monjazez's Vehicle

Major Case Highlight—Auto Body Shop Repairs

State vs. HIGBY

Between February and October of 2014, Higby worked at an auto body repair facility in South Jordan Utah.

Higby was in charge of taking photos and creating repair estimates for vehicles when they were brought into the shop.

Higby was witnessed by other employees to intentionally cause damage to undamaged areas of vehicles prior to taking photos and making repair estimates.

By doing so he increased the amount of damage to the vehicles and the repair costs insurance would reimburse the repair facility for.

During this time period Higby caused additional damage to at least 27 of 45 vehicles he created damage estimates for.

The total amount of damages for these 45 vehicles inclusive of the real damages was \$187,000.

Higby denied causing damage to undamaged areas of the vehicles but admitted that he knowingly caused additional damage to damaged areas to make the claims process easier to get insurance to cover the damages.

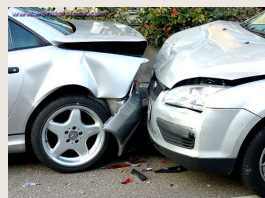
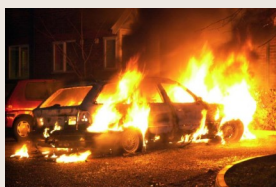
More than sixteen different insurance companies were involved in these claims.



Prosecution Summaries

The following pages provide a summary of the cases in which criminal charges were filed in Fiscal Year 2016. The intent of these summaries is to provide an overview of types of crimes prosecuted and insurance companies who are active in identifying fraudulent claims. These summaries are provided in recognition that criminal filings are public records. However many of these cases are still pending completion of the judicial process and have not yet resulted in convictions or other dispositions.

The monetary values listed for these cases represents the attempted or actual loss claim amounts in the case.

An invoice from a company. It includes a header with "Invoice" and a table with columns for "Item Number", "Description", "Price", and "Quantity". The table contains multiple rows of data, including item numbers, descriptions, and prices. There is also a "Total" row at the bottom.

Summary of Criminal Cases Filed

STATE vs. MOORE (1st Case)

Filing Date: 6/30/2015

Charges Filed:

Insurance Fraud, Felony 2

Mid Century: \$30,000

False Injury Claim:

On or about August of 2012, Moore was struck by a vehicle while he was riding his bike. Moore was injured and later filed an injury claim that he was unable to work. Moore, who was a plastic surgeon, received \$30,000 in lost income payments. It was discovered that Moore never missed any work and in fact performed 13 surgeries in the two weeks he claimed he was unable to work. While investigating this case the following case was discovered and also resulted in additional charges.

Case Status:

See below

STATE vs. MOORE (2nd Case)

Filing Date: 6/30/2015

Charges Filed:

Insurance Fraud, Felony 2

State Farm: \$31,169

False Theft Claim:

On or about January of 2013, Moore filed a claim that his trailer was stolen from his business location. Moore claimed the trailer contained office and medical equipment. Moore presented receipts for these items to his insurance company. It was discovered that Moore canceled the orders for the items on the receipts the same day he ordered the items. Witnesses reported that the trailer never contained any of the items Moore claimed to have been stolen. The trailer was later recovered. Moore is believed to have staged the theft of the trailer.

Case Status:

Moore pled guilty in both cases to insurance fraud, a class A misdemeanor. Moore was sentenced to pay back \$37,000 in restitution and \$5,000 in investigation costs as well as a \$2,500 fine. Moore was placed on probation for 24 months. And ordered to complete 100 hours of community service.

Summary of Criminal Cases Filed

STATE vs. BENITEZ

Filing Date: 7/01/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 3

UAIG: \$4,241

Auto Accident Past Posting:

On or about June 25, 2013, Benitez's 2008 Hyundai Sonata was involved in an auto accident with a deer. At the time of the accident Benitez's vehicle was uninsured. Benitez obtained insurance and filed a claim that the accident occurred after the insurance policy was in place.

Case Status:

Benitez pled guilty to insurance fraud, a class A misdemeanor. Benitez was ordered to pay \$1,473 in restitution; \$800 toward investigation expenses; and placed on probation for 18 months.

STATE vs. KAAE

Filing Date: 7/15/2015

Charges Filed:

Theft of Mistakenly Delivered Property, 1 count, Felony 2

Scottsdale Insurance Co:

\$9,939

Theft of Mistakenly Delivered Money:

On or about February 28, 2012, an employee of Silver Creek Collision Center submitted a mistaken repair estimate for several thousand dollars more than the actual repair. The employee notified Kaae of the mistake. Although Kaae agreed to return the money to Scottsdale Insurance Company, Kaae failed to do so.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. BARLOW

Filing Date: 7/17/2015

Charges Filed:

Workers Comp Fraud, 1 count, Felony 3

Sedgwick: \$3,335

Workers Compensation Fraud/ Collecting Benefits While Working:

On or about August 2014, Barlow suffered a workplace injury. While collecting temporary total disability payments, Barlow returned to work without telling Sedgwick Insurance.

Case Status:

Barlow pled guilty to insurance fraud, a 3rd degree felony. Barlow was ordered to pay \$3,335 in restitution and \$500 in investigation costs and was sentenced to 36 months on probation.

STATE vs. GREEN

Filing Date: 7/29/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 3

Farmers: \$4,917

False Auto Accident:

On February 17, 2015 a co-defendant, Celestine, purchased a 1998 Volvo. The Volvo was insured with full coverage. A few days later Celestine called to increase personal injury limits on the policy and made sure the policy was full coverage. On or about February 22, 2015, Celestine filed a claim that she and Green were involved in a single vehicle accident and they are two children were injured. Green submitted false employment documents for missed work. Investigators found no evidence of the accident at the location reported.

Case Status:

Warrants for the arrest of Green and Celestine have been issued.

Summary of Criminal Cases Filed

STATE vs. CELESTINE

Filing Date: 7/30/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 3

Farmers: \$4,917

False Auto Accident:

On February 17, 2015 Celestine purchased a 1998 Volvo. The Volvo was insured with full coverage. A few days later Celestine called to increase personal injury limits on the policy and made sure the policy was full coverage. On or about February 22, 2015, Celestine filed a claim that she and Green were involved in a single vehicle accident and they are two children were injured. Green submitted false employment documents for missed work. Investigators found no evidence of the accident at the location reported.

Case Status:

Warrants for the arrest of Green and Celestine have been issued.

STATE vs. MUELLER

Filing Date: 7/30/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 2
Communications Fraud, 1 count, Felony 2

American Family: \$5,436

False Property Theft:

On February 15, 2015 Mueller filed an insurance claim that his 2003 Chevy Silverado truck was vandalized and Vesanti rims, Lazani tires, and a Bully Dog engine performance computer chip digital screen were stolen. The investigation discovered Mueller sold this truck in July of 2015. The new owner advised the Bully Dog computer chip and engine performance screen were in the vehicle when he purchased it. The new owner also advised that Mueller attempted to sell him the rims and tires reported stolen. Mueller was also discovered to have listed these same rims and tires for sale on KSL classifieds.

Case Status:

Mueller pled guilty to Insurance Fraud, a 2nd degree felony. Mueller was ordered to pay restitution of \$5,436 to American Family, \$840 in investigation expenses, and serve 18 months probation.

Summary of Criminal Cases Filed

STATE vs. HIGBY

Filing Date: 8/05/2015

Charges Filed: Potential Loss to all Insurance Companies: \$187,066
Insurance Fraud, 1 count, Felony 3

Involved Insurance Companies:

State Auto, CSAA, Kember, Allstate, American Family, Auto Owners, Enumclaw, Bear River, Progressive, State Farm, Victoria, Nationwide, Midcentury, Travelers, Liberty Mutual,

Adding Damage to Auto Body Shop Repairs:

Higby was employed by an auto body shop as their shop estimator. Higby intentionally caused additional damage to at least 27 of 45 vehicles assigned to him, prior to making a damage estimate and taking photos for insurance paid repairs. Higby claimed that he did not cause the damage for personal gain but to make the existing damages more visible so insurance would pay for repairs.

Case Status:

Higby pled guilty to Insurance Fraud, a class A misdemeanor. Higby was placed on probation for 36 months and ordered to pay \$6,000 in investigative expenses.

STATE vs. PONCE

Filing Date: 8/17/2015

Charges Filed: WCF: \$31,970
Workers Compensation Fraud, 1 count, Felony 2

Workers Compensation Fraud/Exaggerated Injury:

On or about March of 2014, Ponce alleged he was injured by falling from a large trailer. Ponce denies prior injuries. Private Investigator surveillance witnessed Ponce performing activities inconsistent with his claimed disabilities on a number of occasions.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. TAYLOR

Filing Date: 8/19/2015

Charges Filed:

American Liberty Insurance Co.: \$228,814

Insurance Fraud, 1 count, Felony 2

Witness Tampering, 1 count, Felony 3

Workers Compensation Fraud/Intentional Injury:

On or about October 2010 Taylor purposefully injured his own eye by placing battery acid in it. Since that time, Taylor has repeatedly and intentionally aggravated the injury to the eye so that he could continue to collect disability payments.

Case Status:

Taylor pled guilty to Insurance Fraud, a 2nd degree felony and Witness Tampering, a 3rd degree felony. Taylor entered into a civil agreement regarding restitution prior to sentencing and no restitution was ordered. Taylor was ordered to pay \$2,944 in investigation costs.

STATE vs. DUNN/MILLCREEK PHARMACY

Filing Date: 8/24/2015

Charges Filed:

PEHP: \$16,403

Insurance Fraud, 2 counts, Felony 3

Billing for Medications Never Provided:

Between December 2009 and October 2013 Dunn, who owned and operated Millcreek Pharmacy, billed insurance for medications he never provided. Dunn used known patient information to bill insurance on more than 200 occasions for medications that were never prescribed or provided to these patients. The patients were unaware these medications were being billed.

Case Status:

Dunn pled guilty to two counts of Insurance Fraud; both 3rd degree felonies. Dunn was ordered to pay restitution to PEHP of \$16,403 and \$1,900 in investigation expenses. Dunn was placed on probation for 24 months.

Summary of Criminal Cases Filed

STATE vs. PALOGUCA

Filing Date: 8/31/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 2

Progressive: \$11,397

Auto Accident Past Posting:

Paloguca's insurance was cancelled for non-payment of premiums on December 14, 2013. On December 18, 2013, Paloguca was involved in a single vehicle accident with his 2005 Nissan Armada in which he slid off the icy road into a barrier dividing the highway. Paloguca obtained insurance the following day and then reported the loss to insurance claiming the accident occurred on December 23, 2013.

Case Status:

Paloguca pled guilty to insurance fraud, a class A misdemeanor and was ordered to pay \$11,397 in restitution, \$1,000 in investigation expenses, and serve 18 months on probation.

STATE vs. SOLT

Filing Date: 9/9/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 2

Auto Owners Ins.: \$19,272

Inflated Burglary Loss:

On or about May 2, 2015, Solt filed a burglary loss claim for tools stolen from his business. Solt fabricated several receipts for tools and equipment that were never stolen and that he never possessed.

Case Status:

Solt pled guilty to insurance fraud, a 3rd degree felony. Solt was ordered to pay \$8,182 in restitution to Auto Owners Insurance in addition to \$2,800 in investigation expenses. Solt was ordered to serve 36 months on probation.

Summary of Criminal Cases Filed

STATE vs. CAMPOS

Filing Date: 9/22/2015

Charges Filed:

Workers Compensation Fund: \$5,796

Workers Compensation Insurance Fraud, 1 count, Felony 3

Workers Compensation Fraud/Malingering:

On or about December of 2014 Campos reported he was injured at work. Campos received temporary total disability payments through May of 2015. During this time period Campos claimed to be unable to work or perform basic daily activities. Surveillance was conducted that showed Campos was engaging in activities that contradicted his disability claims.

Case Status:

Court Case Pending

STATE vs. KUNZ

Filing Date: 9/23/2015

Charges Filed:

Progressive: \$36,693

Insurance Fraud, 1 count, Felony 2

Auto Accident Misrepresentation of Facts:

On or about October 2014, Kunz and co-defendant Miller were off-roading in Kunz's truck. There were four occupants in the vehicle and Miller is alleged to have been driving. The truck rolled and Miller was injured. Miller and Kunz both misrepresented that Kunz was driving when they learned Millers injuries would not be paid for to the same extent under the policy if Miller was responsible for causing the accident.

Case Status:

Kunz pled guilty to insurance fraud, a 3rd degree felony. Kunz was ordered to pay \$673 in investigation costs and was ordered to serve 36 months on probation.

Summary of Criminal Cases Filed

STATE vs. MILLER

Filing Date: 9/23/2015

Charges Filed:

Progressive: \$36,693

Insurance Fraud, 1 count, Felony 2

Auto Accident Misrepresentation of Facts:

On or about October 2014, Kunz and co-defendant Miller were off-roading in Kunz's truck. There were four occupants in the vehicle and Miller is alleged to have been driving. The truck rolled and Miller was injured. Miller and Kunz both misrepresented that Kunz was driving when they learned Miller's injuries would not be paid for to the same extent under the policy if Miller was responsible for causing the accident.

Case Status:

Miller pled guilty to insurance fraud, a class A misdemeanor. Miller was ordered to pay \$675 in investigation costs and was sentenced to 36 months on probation.

STATE vs. ALKHATAWI

Filing Date: 9/25/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 2

American Family: \$5,520

False Vehicle Theft Report:

On or about February 2012, Alkhatawi reported his 2002 Jaguar was stolen from his girlfriend's house. The vehicle was later recovered with severe vandalism damage and was deemed a total loss. A forensic examination was conducted which determined that the engine had pre-existing severe damage that would have prevented the vehicle from being able to pass emissions. The examination discovered the vehicle had last been started using a factory key. All keys were in the possession of Alkhatawi. The vehicle's registration was due at the time of the alleged theft. Alkhatawi claimed the vehicle engine was fine and had no explanation as to why the vehicle was allegedly stolen the day before the registration expired.

Case Status:

Alkhatawi pled guilty to insurance fraud, a 3rd degree felony. Alkhatawi was ordered to pay \$650 in investigation costs and was sentenced to 24 months on probation.

Summary of Criminal Cases Filed

STATE vs BAHENA

Filing Date: 9/15/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 3

Mid-Century: \$1,573

Prior Auto Damage:

On or about June of 2015, Bahena filed a hit and run accident claim that his 2003 Toyota Camry was hit while parked and sustained damage to the passenger side. The investigation discovered that Farmers insurance had paid for the same damages to this vehicle while owned by the previous owner in 2013. Bahena admitted that the damages were present when he purchased the vehicle.

Case Status:

Bahena pled guilty to wrongful appropriation, a class A misdemeanor. Bahena was ordered to pay \$379 in investigation costs and was sentenced to 12 months on probation.

STATE vs. MANN

Filing Date: 9/24/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 2

Farmers: \$12,500

False Injury Circumstances:

On or about May of 2015 Mann's wife called to report that Mann had injured his knee when he got out of his truck after leaving it in neutral. When the truck started to roll, Mann allegedly jumped in to push on the brake and hurt his knee. Mann claimed to be unable to work and was seeking lost income from his auto insurance. Mann claimed to have driven 45 miles from his home in Orem to a hospital in Nephi to receive treatment. Hospital records indicated that Mann had actually injured his knee while riding an ATV in the Nephi area.

Case Status:

Mann pled guilty to insurance fraud, a 3rd degree felony. Mann was ordered to pay \$1,600 in investigation costs and was sentenced to 36 months on probation.

Summary of Criminal Cases Filed

STATE vs. PLATT

Filing Date: 9/23/2015

Charges Filed:

Private Victims: \$6,000

Insurance Fraud, 1 count, Felony 3
Forgery, 3 counts, Felony 3

Insurance Agent Fraud/Pocketing Premiums:

Between July 2013 and July 2014, Platt, while working as an insurance agent for his father's Insurance Agency, wrote false policies for three different persons. Platt issued forged certificates of insurance and kept the insurance premiums paid for the false policies for himself.

Case Status:

Platt pled guilty to Insurance Fraud, a 2nd degree felony; and two counts of forgery, both 3rd degree felonies. Platt was ordered to restitution of \$6,000 to the three victims, as well as \$2,000 in investigation expenses. Platt was placed on probation for 36 months and surrendered his insurance license.

STATE vs. BHANDARI

Filing Date: 10/07/2015

Charges Filed:

American Family: \$1,723

Insurance Fraud, 1 count, Felony 3

False Auto Damage Claim/Prior Damages:

On or about June of 2015, Bhandari filed an insurance claim that his 1992 Buick Century was hit while parked by a hit and run driver. Upon inspection of the damages, they seemed old and rusted. It was discovered that Bhandari had filed an insurance claim for the same damages in 2013. When confronted, Bhandari claimed to have repaired the damages he had been paid for in 2013. Photos showed the damages to be identical.

Case Status:

Bhandari pled guilty to Insurance Fraud, a class A misdemeanor. Bhandari was placed on probation for 12 months and ordered to pay \$350 in investigation expenses.

Summary of Criminal Cases Filed

STATE vs. ROBBIN

Filing Date: 10/07/2015

Charges Filed:

Esurance: \$15,174

Insurance Fraud, 1 count, Felony 2

Auto Accident Past Posting:

On August 10, 2015, Robbin was involved in an auto accident while driving her 2010 Mazda 3. At the time of the accident the Mazda had been without insurance for nearly a month. Immediately after the accident, Robbin added the Mazda to her Esurance policy. Robbin then filed an insurance claim that the accident had occurred shortly after she had obtained the policy. Robbin admitted the accident occurred prior to the insurance policy being in place.

Case Status:

Robbin pled guilty to insurance fraud, a class A misdemeanor. Robbin was ordered to pay \$250 in investigation costs and was sentenced to 12 months on probation.

STATE vs. NOBLE

Filing Date: 10/07/2015

Workers Compensation Fund: \$12,728

Charges Filed:

Workers Compensation Insurance Fraud, 1 count, Felony 2

Workers Compensation Fraud/Malingering/Working While Collecting Disability:

On or about April 13, 2015, Noble was involved in an ATV accident while on duty. Noble received temporary total disability payments from April through July. During this time Noble failed to disclose that he operated a business of his own on the side. A private investigator was hired and found Noble to be working at various job sites while claiming to be unable to work.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. ASHLEY

Filing Date: 10/08/2015

Charges Filed:

Progressive: \$2,150

Insurance Fraud, 1 count, Felony 3

False Receipts for Towing:

On or about April 15, 2013, Ashley provided false statements in support of an insurance claim filed by her boyfriend Hales. Hales claimed his boat sank in rough waters in Lake Mead. Hales recovered the vehicle on his own but submitted receipts from the company he claimed recovered the boat. It was discovered that Hales owned the company that the towing receipts were made from.

Case Status:

Hales turned himself in and pled guilty to insurance fraud, a 3rd degree felony. Charges against Ashley were dismissed.

STATE vs. MORGAN

Filing Date: 10/14/2015

Charges Filed:

Farmers: \$9,006

Insurance Fraud, 1 count, Felony 3

False Auto Accident Circumstances:

On or about February 27, 2015, Morgan called his insurance agent to increase his insurance from liability only to comprehensive. A few hours later Morgan called to report that his 2006 BMW had been sideswiped by a hit and run vehicle. It was discovered that Morgan had been in an accident ten days prior where he rear-ended another vehicle. Morgan used a false name at the accident scene but was later located and identified by the investigating police agency.

Case Status:

Morgan pled guilty to class A misdemeanor Insurance Fraud and was fined \$500. Morgan was also placed on probation for 18 months and ordered to pay \$1,500 for the cost of the investigation.

Summary of Criminal Cases Filed

STATE vs. PARADA

Filing Date: 10/15/2015

Charges Filed:

Progressive: \$4,650

Insurance Fraud, 1 count, Felony 3

False Auto Accident & Injury Claim:

On or about March 3, 2015, Parada claimed to be driving his 1996 Honda when he was hit and pushed off the road by a large truck that failed to stop. Parada did not report the accident to police. Parada claimed he was injured and sought payment for his medical expenses. It was discovered that Parada's vehicle had been involved in an accident in 2009 and that this damage was the exact same damage as claimed in this accident. Parada was employed as a patient recruiter with a chiropractor and was attempting to be treated and paid for injuries that never occurred.

Case Status:

Parada pled guilty to insurance fraud, a class A misdemeanor. Parada was placed on probation for 12 months and ordered to pay \$900 for the cost of the investigation and serve community service hours.

STATE vs. MARTINEZ

Filing Date: 10/22/2015

Charges Filed:

Safeco: \$5,132

Insurance Fraud, 1 count, Felony 2

False Auto Accident Damage Claim/Past Posting:

On or about June of 2015, Martinez allowed his auto insurance to lapse for non-payment. On August 5, 2015 Martinez reinstated his insurance. Later that same day Martinez claimed to have been driving his 2012 Honda Civic on a dirt trail and severely damaged the underside and oil pan on rocks. It was discovered that Martinez's Honda had been towed with this same damage to a dealership on August 3, 2015. The damage occurred prior to Martinez obtaining insurance.

Case Status:

Martinez pled guilty to insurance fraud, a class A misdemeanor. Martinez was ordered to pay \$1,177 in investigation costs and was sentenced to serve 18 months on probation.

Summary of Criminal Cases Filed

STATE vs. MOORE

Filing Date: 10/22/2015

Charges Filed:

Progressive: \$900

Insurance Fraud, 1 count, Misdemeanor A

Auto Accident Past Posting:

On April 10, 2014 Moore took out an auto policy on his 1998 Dodge Ram truck. On April 12, 2014, Moore called and lowered his deductible from \$1,000 to \$100 and added roadside assistance to the policy. On April 13, 2014 Moore filed a claim that he had run the truck off the road and into a steep ravine and that it had to be towed out. A witness advised the accident had occurred on April 12, 2014 prior to Moore changing his coverage limits.

Case Status:

Court Case Pending Moore's Arrest.

STATE vs. GUILLEN

Filing Date: 11/02/2015

Charges Filed:

Workers Compensation Fund: \$10,579

Workers Compensation Insurance Fraud, 1 count, Felony 2

Workers Compensation Fraud/Malingering:

On or about September 22, 2014 Guillen was injured while working for a construction company. Guillen claimed to be unable to work and was collecting temporary total disability payments. During this time Guillen was seen working on cars and engaging in other physical activities he claimed he was unable to do.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. LEE

Filing Date: 11/4/2015

Charges Filed:

Insurance Fraud, Felony 2
Forgery, 3 counts, Felony 2

Bear River Mutual: \$27,366

False or Inflated Property Theft/Forged Receipts:

On or about August 23, 2013 Lee reported a burglary of his parents home where he lived. Lee claimed several expensive items had been stolen and produced five fraudulent bills of sale which he stated had been created after the sale. All witnesses listed on the bills of sale denied selling any items to Lee or signing the bills of sale.

Case Status:

Court Case Pending Lee's Arrest.

STATE vs. CROSE

Filing Date: 11/3/2015

Charges Filed:

Workers Compensation Insurance Fraud, 1 count, Felony 2

S&C Claims: \$19,288

Workers Compensation Fraud/Malingering:

On or about December 2014, Crose was injured when he inhaled smoke from a truck fire. Crose collected temporary total disability benefits while claiming he was unable to work or exercise. The investigation and surveillance discovered that Crose was exercising and performing other tasks inconsistent with his claims of disability.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. LASHAWN

Filing Date: 11/5/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 2

State Farm: \$3,407

Auto Accident Past Posting/False Injury Claim:

On or about July 9, 2014 Lashawn loaned his 1998 Subaru Outback to a friend. On this same date, the friend was involved in a hit and run accident. The friend did not have a drivers license and the Subaru' insurance had lapsed for non-payment in March of 2014. On July 11, 2014 Lashawn re-activated his insurance on his Subaru. Lashawn then filed an accident claim with his insurance claiming he ran into a dumpster on July 14, 1015. After being paid for the accident, Lashawn contacted his insurance claiming his reimbursement should have been more. Lashawn also now claimed he was injured and demanded payment. The investigation discovered through photos , that the damage claimed in the July 14th accident was the same damage caused in the hit and run accident which occurred when the vehicle was uninsured.

Case Status:

Court Case Pending

STATE vs. FLINK

Filing Date: 11/10/2015

Charges Filed:

Insurance Fraud, 1 count, Felony 3

Bear River Mutual: \$38,720

Inflated Property Theft Loss:

On or about October 2014, Flink claimed his home had been burglarized while he was on vacation. Later when Flink submitted a list of stolen items to his insurance, he admits he added items that were not stolen on his claim.

Case Status:

Flink pled guilty to insurance fraud, a class A misdemeanor. Flink was ordered to pay \$1,500 in investigation costs and was sentenced to serve 24 months on probation.

Summary of Criminal Cases Filed

STATE vs. GAVETTE

Filing Date: 10/29/2015

Charges Filed:

American Family: \$30,000

Insurance Fraud, 1 count, Felony 2

Auto Theft Past Posting:

On or about May 28, 2015 Gavette reported his 2014 Harley Davidson motorcycle stolen in Texas. In June of 2015 Gavette moved to Utah, obtained insurance on the already stolen motorcycle and then filed an insurance claim that the theft had occurred after the policy was in place.

Case Status:

Court Case is Pending Gavette's arrest.

STATE vs. LOTO

Filing Date: 12/18/2015

Charges Filed:

Progressive: \$7,631

Insurance Fraud, 1 count, Felony 2

Auto Accident Past Posting:

On August 7, 2015 at 11:09 am, Loto's mother was involved in an auto accident while driving her 2006 Chrysler 300. At the time of the accident Loto's mother had liability only insurance coverage. Loto's mother called into her insurance and changed her coverage to comprehensive at 2:20 pm. Loto then called his mother's insurance and claimed the accident occurred at 10:00 pm that day, after Loto had changed her coverage to comprehensive.

Case Status:

Loto pled guilty to insurance fraud, a 3rd degree felony. Loto was ordered to pay \$378 in investigation costs and sentenced to serve 24 months on probation.

Summary of Criminal Cases Filed

STATE vs. BERROCAL

Filing Date: 12/18/2015

Charges Filed:

Progressive: \$4,735

Insurance Fraud, 1 count, Felony 3

Prior Vehicle Damages Claimed as New:

On or about September 15, 2015, Barrocal claimed to have been driving his 2005 Toyota 4-Runner back from Wendover Nevada when he encountered a hail storm. Barrocal claimed his vehicle was damaged from the hail. The investigation discovered that the rock damage appeared to be old. The auto dealership confirmed that the damage was present on the vehicle when it was sold to Barrocal.

Case Status:

Berrocal pled guilty to wrongful appropriation, a class A misdemeanor. Berrocal was ordered to pay \$1,709 in investigation costs and sentenced to serve 36 months on probation.

STATE vs. MENDEZ

Filing Date: 12/21/2015

Charges Filed:

Sentry: \$5,170

Insurance Fraud, 1 count, Felony 3

False Auto Accident/False Injury Claim:

On or about January 2014, Mendez claimed to have been hit by another vehicle in a parking lot. Police were called and noted there were no injuries. Mendez also advised there were no injuries to the other driver's insurance company. Upon inspection of the vehicles by the other driver's insurance company it was concluded that no accident occurred. Mendez then filed a claim with her own insurance company claiming that both she and her son had been injured. Mendez later admitted they had not been injured, but were told by an accident/injury attorney that they would not represent her unless she sought treatment from a chiropractor.

Case Status:

Mendez pled guilty to insurance fraud, a 3rd degree felony. Mendez was ordered to pay \$3,343 in restitution to Sentry and \$389 in investigation costs. Mendez was also sentenced to 36 months on probation

Summary of Criminal Cases Filed

STATE vs. HOSKINS

Filing Date: 1/19/2016

Charges Filed:

Select Health: \$25,781

Insurance Fraud, 3 counts, Felony 2

Identity Theft, 3 counts, Felony 2

Controlled Substance Violations, 3 counts, Misdemeanor A

Forged Prescriptions by Medical Clinic Employee:

Between 2009 and 2015, Hoskins, who was employee at a doctors office, obtained access to a physicians computer and passwords. Hoskins created over 258 fraudulent prescriptions for controlled substances in her husband's, her mother in-law's, and her own name. Hoskins filled the fraudulent prescriptions through the pharmacy located in the same building as the clinic she worked in. The pharmacy billed the health insurance for these fraudulently obtained substances.

Case Status:

Case is Pending

STATE vs. BUCHANAN

Filing Date: 1/21/2016

Charges Filed:

Auto Owners: \$ Unknown

Workers Compensation Insurance Fraud, 1 count, Misdemeanor A

Workers Compensation Fraud/Intentional Injury:

On or about October 2015, Buchanan filed a claim with his employer that he had contracted lead poisoning from working on the job site without proper protections. Co-workers witnessed Buchanan eating paint chips on the job site on several occasions and also taking paint chips home with him. Buchanan also refused to wear supplied safety masks while removing paint.

Case Status:

Buchanan pled guilty to workers compensation fraud, a class A misdemeanor. Buchanan was sentenced to serve 12 months on probation.

Summary of Criminal Cases Filed

STATE vs. MONJAZEB

Filing Date: 1/20/2016

Charges Filed:

Racketeering, 1 count, Felony 2

Insurance Fraud, 12 counts, Felony 3

Forgery, 2 counts, Felony 3

Reckless Endangerment, 7 counts, Misdemeanor A

American Family: \$3,232

Farmers: \$25,028

MetLife Auto: \$4,089

Progressive: \$5,115

State Farm: \$2,111

AAA: \$4,283

ANPC: \$635

Auto Owners: \$4,611

USAA: \$4,674

GEICO: \$5,412

Liberty Mutual: \$6,831

Staged Auto Accidents:

Between January 2010 and December of 2015, MonjazeB has been involved in more than 23 reported auto accidents. MonjazeB has used the same three cars; a Audi A-4, a Saab 9-3, and a Toyota Prius. MonjazeB looked for and intentionally created opportunities to have collisions with other vehicles, primarily driven by females alone in their auto. MonjazeB would become aggressive and push for cash settlements without calling police. When police were called, due to the victim vehicle being involved in a lane change or turn, the victims were always found to be at fault for the accident.

MonjazeB's vehicles each had prior damages which he always claimed were caused by the current accident. Prior to his vehicle damage being appraised by insurance companies, MonjazeB would remove parts and make the vehicle appear to be more damaged than it was.

MonjazeB's claims exceeded \$66,000. Additionally, victims insurance rates increased and often their vehicles were never repaired.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. CERQUERA

Filing Date: 1/29/2016

Charges Filed:

Workers Compensation Fund: \$1,782

Workers Compensation Insurance Fraud, 1 count, Felony 3

Workers Compensation Fraud/Collecting Benefits While Working:

On or about March 2014, Cerquera alleged that he was injured at work. Cerquera began collecting medical and lost wage benefits. While collecting lost wage benefits it was discovered that Cerquera was working for a staffing company and collecting wages without reporting these to Workers Compensation Fund. Cerquera also claimed mileage reimbursements for medical appointments he never attended or was driven to by his employer.

Case Status:

Cerquera pled guilty to workers compensation fraud, a 3rd degree felony. Cerquera was ordered to pay restitution to Workers Compensation Fund and \$500 in investigation costs.

STATE vs. FLEMING

Filing Date: 02/2/2016

Charges Filed:

American Family: \$10,000

Communications Fraud, 1 count, Felony 3

Vehicle Burglary Past Posting:

On or about September 9, 2015, Fleming obtained a quote for insurance. While the quote was submitted for review, Fleming claims his vehicle was broken into. On September 14, 2015 when the insurance agent called Fleming to bind coverage, Fleming asked to have the coverage backdated to September 9, 2015. Fleming denied he had any losses during the period between September 9th and September 14th. Less than an hour after the policy was bound, Fleming called in to file a claim regarding the vehicle burglary.

Case Status:

Fleming pled guilty to communications fraud, a class A misdemeanor. Fleming was sentenced to serve 24 months on probation.

Summary of Criminal Cases Filed

STATE vs. VERMA

Filing Date: 2/18/2016

Charges Filed:

Progressive: \$4,556

Insurance Fraud, 1 count, Felony 3

False Auto Accident Claim:

On or about October 2015, Verma filed an insurance claim that his 2013 Hyundai Veloster was damaged in a hit and run accident. The investigation discovered that Verma made a similar claim in November of 2014. Photos from the 2014 accident and the claimed 2015 accident showed the vehicle damage was identical and had never been repaired from the previous claim.

Case Status:

Court Case Pending

STATE vs. LEWIS

Filing Date: 2/18/2016

Charges Filed:

Farmers: \$1,300

Insurance Fraud, 1 count, Misdemeanor A

False or Inflated Burglary Loss:

On or about December 2015, Lewis reported that her home had been burglarized. Lewis submitted a list of items that were alleged to have been stolen. This list included a Apple MacBook Pro which was discovered to have actually been pawned by Lewis four days prior to the alleged burglary.

Case Status:

Lewis pled guilty to insurance fraud, a class A misdemeanor. Lewis was ordered to pay \$786 in investigation costs and was sentenced to 12 months on probation.

Summary of Criminal Cases Filed

STATE vs. IBRAHIM

Filing Date: 2/22/2016

Charges Filed:

GBS Benefits: \$199,095

Insurance Fraud, 3 counts, Misdemeanor A

Fraudulent Sales of Prescription Medications without a Prescription:

Between December 2014 and December 2015, Ibrahim was employed by Isomeric Pharmacy as a phone sales representative. Ibrahim was paid large commissions on patients he recruited who had prescriptions filled by the pharmacy. Ibrahim recruited several members of his family and others who obtained medications requiring prescriptions. A pharmacist working for both Isomeric and Lone Peak Pharmacies created false prescriptions for these patients in order for insurance to be billed. Criminal charges and a plea agreement are pending and will be reported in next years annual report.

Case Status:

Ibrahim pled guilty to three counts of Insurance Fraud, all class A misdemeanors. Ibrahim was placed on probation for 12 months and was ordered to pay \$4,600 towards the cost of the investigation. As part of this agreement, Isomeric repaid GBS benefits the moneys they obtained from this scheme.

STATE vs. IRVINE

Filing Date: 2/23/2016

Charges:

Progressive: \$6,992

Insurance Fraud, 1 count, Felony 3

False Auto Accident Circumstances:

On or about September 22, 2015, Irvine filed a claim that while driving his 2004 Honda S2000 his tire blew out and he ran off the road striking a concrete barrier. The investigation discovered that Irving actually crashed while racing his vehicle at Rocky Mountain Raceway. The insurance policy had an exclusion for damage resulting from any act of racing.

Case Status:

Irving pled guilty to insurance fraud, a 3rd degree felony. Irvine was ordered to pay \$925 in investigation costs and was sentenced to 24 months on probation.

Summary of Criminal Cases Filed

STATE vs. STRONG

Filing Date: 2/29/2016

Charges Filed:

AFLAC: \$1,364

Insurance Fraud, 1 count, Misdemeanor A
Identity Theft, 8 counts, Felony 3

Insurance Agent Fraud/Forged Applications for Commissions:

On or about October 2013, AFLAC insurance agent Strong met with employees of a motorcycle dealership to provide quotes for insurance. Strong obtained electronic signatures and later copied these onto applications along with other information that was never provided by these employees. Strong issued policies without the applicants knowledge in order to obtain commissions.

Case Status:

A warrant for Strong's arrest has been issued.

STATE vs. RALPH

Filing Date: 2/29/2016

Charges Filed:

Farmers: \$41,757

Insurance Fraud, 1 count, Felony 3

False Burglary/Inflated Loss:

On or about November 2015, Ralph filed a claim that his home had been burglarized. Ralph listed 38 items having been stolen and claimed to have no receipts. Ralph identified a number of items being purchased from specific retailers. A check of these retailers discovered that Ralph had not purchased these items from them.

Case Status:

Ralph pled guilty to once count of Insurance Fraud, a 3rd degree felony. Ralph was ordered to pay investigation costs and was placed on probation for 24 months.

Summary of Criminal Cases Filed

STATE vs. MICKELSON

Filing Date: 3/3/2016

Charges Filed:

Farmers: \$3,500

Insurance Fraud, 1 count, Felony 3

Padding a Property Loss Claim:

On or about November 1, 2015, Mickelson had three bikes stolen. He reported this to his local police department. On November 2, 2015 Mickelson filed an insurance claim and padded his claim by adding an expensive bike to the list. This bike had actually been stolen seven years prior and Mickelson had already been reimbursed for this bike at that time by his insurance company. Mickelson padded his claim in an effort to avoid paying his deductible and losing money due to depreciated values for the bikes.

Case Status:

Mickelson pled guilty to Insurance Fraud, a Class A Misdemeanor. He was ordered to pay investigation costs and placed on probation for 12 months.

STATE vs. HILL

Filing Date: 3/22/2016

Charges Filed:

Homesite: \$5,325

Insurance Fraud, Felony 2

Past Posting/Inflated Theft:

On or about January 1, 2016 Hill was robbed while on vacation in Thailand. On January 2, 2016 Hill purchased a renters insurance policy through Homesite Insurance. On January 11, 2016 Hill filed a police report in Thailand reporting the robbery. Hill then filed an insurance claim alleging the robbery occurred after he was insured on January 11, 2016. In addition to listing his I-phone which is believed to have been stolen in the robbery, Hill added additional items to his claim that are believed to have not been taken.

Case Status:

Hill pled guilty to Insurance Fraud, a 3rd degree felony. Hill was ordered to pay \$420 in investigation costs and placed on probation for 12 months.

Summary of Criminal Cases Filed

STATE vs. MASCARO

Filing Date: 3/30/2016

Charges Filed:

Navigator's Insurance: \$8,002

Insurance Fraud, Felony 2

Forgery, Felony 3

False Information to Police, Misdemeanor B

False Theft/Forged Documents:

On or about January 29, 2016 Mascaro filed an insurance claim with Navigator's Insurance claiming that repair parts for his Kubota excavator had been stolen. Mascaro presented paid invoices for these parts as proof of ownership. The invoices were created for Mascaro by an employee of Kubota dealership, however the parts were never purchased from the dealership. Mascaro claimed the employee met him in a parking lot and sold him the parts away from the dealership. The dealership conducted an inventory that verified no parts were missing from their inventory.

Case Status:

Court case is pending.

STATE vs. NARIMANI

Filing Date: 03/31/2016

Charges Filed:

GEICO: \$4,661

Insurance Fraud, Felony 3

Auto Accident Past Posting:

On December 8, 2015 Narimani struck a cow while driving his 2013 Chrysler 300. Narimani's insurance had lapsed for non-payment. Narimani reinstated his insurance and claimed the accident occurred after it was reinstated.

Case Status:

Narimani pled guilty to Insurance Fraud, a Class A Misdemeanor. Narimani was ordered to pay \$500 in investigation costs and placed on probation for 12 months.

Summary of Criminal Cases Filed

STATE vs. BOWLER

Filing Date: 4/01/2016

Charges Filed:

Emceesquare Media: \$3,775

Insurance Fraud, Felony 3

Forgery, 3 counts, Felony 3

Unlawful Dealing by Fiduciary, Felony 3

Theft, Felony 3

Insurance Agent Fraud/False Policies/Premium Theft:

Between May and October of 2015, Bowler acting as an insurance agent, was paid to obtain insurance for the George First Friday Street Festival in St. George Utah. Initially Bowler obtained insurance policies for the first few months using an online source. Bowler then created certificates of insurance required by the City of St. George and provided these to Emceesquare Media. Each of these certificates were altered to represent a higher insurance coverage than was actually purchased. In addition Bowler collected more money for these policies than was required without disclosing this to Emceesquare Media. In September of 2015, Bowler accepted premium payments for insurance without ever purchasing the insurance for this month. In October of 2015, Bowler also accepted premium payments for insurance without purchasing insurance for this month. In addition, Bowler forged several certificates of insurance for October's policy and provided these to Emceesquare and other vendors as proof of insurance that was never provided.

Case Status:

Court case is pending.

Summary of Criminal Cases Filed

STATE vs. MEMMOTT

Filing Date: 4/6/2016

Charges Filed:

CSAA: \$2,639

Insurance Fraud, Felony 3

False Auto Accident Circumstances:

On April 15, 2015, Memmott filed an insurance claim with AAA claiming her 2003 Ford Explorer had been damaged when she hit a pole turning around in a parking lot. AAA paid out on this claim. On 1/11/2016 AAA was contacted by Auto Owners Insurance on a claim that Memmott's 2003 Ford Explorer had been involved in a hit and run accident with one of their insured's vehicles on the same date Memmott claimed she had run into a pole. Memmott admitted that she had lied concerning her running into a pole. Her son had been driving without a license due to a DUI conviction and had been involved in the hit and run accident.

Case Status:

Memmott pled guilty to Insurance Fraud, a 3rd degree felony. Memmott was sentenced to 36 months probation and ordered to pay restitution as well as \$750 in investigation costs.

STATE vs. CHAPPUIS

Filing Date: 4/7/2016

Charges Filed:

Kemper: \$14,998

Insurance Fraud, Felony 2

Obstruction of Justice, Felony 3

Operating a Vehicle without Insurance, Misdemeanor C

Auto Accident Past Posting:

On June 4, 2015 Chappuis was involved in a multi-vehicle accident while driving 2013 Jeep without insurance. Chappuis went into his insurance agent on June 5th and applied for insurance asking for it to be backdated to June 1, 2015. Chappuis told the agent that he had not had any accidents and the agent agreed to backdate the policy. Chappuis then provided the proof of insurance to the investigating police officer and filed an insurance claim alleging the accident occurred after he had insurance.

Case Status:

Court case is pending.

Summary of Criminal Cases Filed

STATE vs. CANNON

Filing Date: 4/12/2016

Charges Filed:

AFLAC: \$30,700

Insurance Fraud, 5 counts, Felony 2
Forgery, 7 counts, Felony 3
Racketeering, Felony 2

False Injury Claims / Forged Documents:

Cannon obtained three AFLAC policies on February 23, 2015. Cannon then proceeded to file at least 19 separate false insurance claims between March 2015 and September 2015. Cannon alleged a foot injury and provided false medical documents to obtain payments. Cannon alleged her child was injured in a car accident and submitted false medical documents for payment. Cannon claimed her spouse was injured unloading a truck and provided false medical documents to support her claim.

Case Status:

Court case is Pending.

STATE vs. HESS

Filing Date: 4/21/2016

Charges Filed:

Farmers: \$6,839

Insurance Fraud, 2 counts, Felony 3

False Damage / Theft Claims:

Hess, who was at one time an insurance agent, filed several property damage and loss claims believed to be fraudulent. In June of 2015 Hess filed a property theft loss alleging his business office had been burglarized. This claim was denied due to misrepresentations. In August Hess calls Farmers to ask about coverage for a television for a client. A few days later he submits a damage claim for a 65" TV. Hess ultimately files three different claims on this TV changing the damage circumstances until Farmers paid the claim. Hess claims the same bike is stolen in two separate claims.

Case Status:

Court Case is Pending

Summary of Criminal Cases Filed

STATE vs. DANSIE

Filing Date: 5/09/2016

Charges Filed:

Insurance Fraud, Felony 2

Forgery, Felony 3

Assurant Group: \$7,130

False Theft / Forged Receipts:

On October 22, 2015 Dansie filed a claim with her insurance company that her car had been broken into in Wendover and two sets of hearing aids were stolen. Dansie had obtained insurance just ten days prior to this loss. It was discovered that Dansie's mother, Hall, also filed a loss claim for these same hearing aids four weeks prior to this incident. The receipts Dansie submitted to the insurance company were altered. The hearing aids were actually owned by her brother and documents were altered regarding dates of purchase and with regard to who made the purchase.

Case Status:

Court case is pending.

STATE vs. HALL

Filing Date: 5/09/2016

Charges Filed:

Insurance Fraud, Felony 2

Forgery, Felony 3

Liberty Mutual: \$4,848

False Theft / Forged Receipts:

On September 22, 2015 Hall filed a claim with her insurance company that her car had been broken into at her home and hearing aids belonging to her daughter and a phone clip were stolen. Hall's daughter, Dansie, Also filed a similar vehicle burglary claim a month later for these same items. The receipts Hall submitted to the insurance company were altered. It was discovered that the phone clip had been returned to the provider on October 17, 2015. The hearing aids were actually owned by Hall's son and documents were altered regarding dates of purchase and with regard to who made the purchase.

Case Status:

Court case is pending.

Summary of Criminal Cases Filed

STATE vs. TEHERO

Filing Date: 5/11/2016

Charges Filed:

Kemper: \$1,096

Insurance Fraud, Misdemeanor A

False Vehicle Accident Claim:

On December 3, 2015 Tehero obtained auto insurance with Kemper. On December 17, 2015 Tehero filed a claim with her insurance company that her 2007 Jeep had been damaged while parked by a hit and run driver. It was discovered that Tehero had filed a claim through Liberty Mutual Insurance on November 27, 2015 alleging the same damage to her 2007 Jeep resulted from a tow truck towing her Jeep.

Case Status:

Court case is pending.

STATE vs. DRAPER

Filing Date: 5/25/2016

Charges Filed:

Sublimity Insurance: \$9,261

Conspiracy, Felony 3

Forged Documents to Support Property Theft Loss:

On or about July 24, 2015 Draper alleges that his home was burglarized and a large amount of property stolen. Draper enlisted his daughter and her husband to create false sales receipts for items he claimed were stolen so that he could have proof of their value for his insurance claim. Draper presented these false documents as part of his claim.

Case Status:

Court case is pending.

STATE vs. DURAN

Filing Date: 6/01/2016

Charges Filed:

Allstate: \$4,007

Insurance Fraud, Felony 3

False Vehicle Theft:

On or about August 6, 2015, Duran claimed his 1998 Chevy pickup was stolen and damaged as a result of the theft. Duran claimed to have located and recovered the truck himself. Duran later admitted that he had crashed the truck into a tree and that the theft of the truck never occurred.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. SOSA

Filing Date: 6/1/2016

Charges Filed:

Esurance: \$4,177

Insurance Fraud, Felony 3

Auto Accident Past Posting:

On February 16, 2016 Sosa was involved in an accident while driving her 2012 Chevy Malibu without insurance. After the accident Sosa obtained insurance online and then called her insurance a few hours later to claim the accident had occurred after the insurance policy had been purchased.

Case Status:

Court Case Pending.

STATE vs. QUINONEZ

Filing Date: 6/02/2016

Charges Filed:

Allstate: \$6,500

Insurance Fraud, Felony 2

Faked Auto Accident Injuries:

On or about August 6, 2015, Quinonez's wife, Duran, claimed his 1998 Chevy pickup was stolen and damaged as a result of the theft. Duran claimed to have located and recovered the truck himself. Duran later admitted that he had crashed the truck into a tree and that the theft of the truck never occurred. Quinonez was a passenger when Duran crashed the truck.

During the above investigation it was discovered that Quinonez had submitted a separate insurance claim alleging that on January 5, 2016 she was a passenger in Duran's vehicle when a tire came off. She alleged that she received a cut above her eye resulting in a scar and she sought compensation from Duran's mother's insurance policy. Jail booking photos showed that the scar above Quinonez's eye pre-dated this claim. Quinonez admitted the injury claim was false.

Case Status:

Court case pending.

Summary of Criminal Cases Filed

STATE vs. ROSAS

Filing Date: 6/03/2016

Charges Filed:

Workers Compensation Fund: \$1,891

Workers Compensation Insurance Fraud, Felony 3

Workers Compensation Fraud / Working While Collecting Disability Benefits:

Rosas was injured on the job in January of 2015. He continued working until he had surgery in October of 2015. In February of 2016 Rosas returned to work for a different company while continuing to collect disability benefits. Rosas denied that he was working. Surveillance was completed that proved he had returned to full work duties.

Case Status:

Court case pending.

STATE vs. FERNANDEZ

Filing Date: 6/06/2016

Charges Filed:

Sentry: \$2,023

Insurance Fraud, Felony 3

Auto Accident Past Posting:

On April 27, 2016, Fernandez backed out of her driveway in her 1999 Ford Taurus and hit a parked vehicle. At the time of the accident, Fernandez did not have insurance. Fernandez immediately went to her insurance agent and obtained a new insurance policy. Fernandez then provided this insurance information to the other vehicle's owner who filed the insurance claim. Fernandez told her insurance that the accident occurred after she had obtained her policy.

Case Status:

Court Case Pending.

STATE vs. RAMIREZ

Filing Date: 6/08/2016

Charges Filed:

Workers Compensation Fund: \$736

Workers Compensation Fraud, Misdemeanor A

Collecting Disability Payments While Working:

Ramirez reported he was injured in October 2014 while employed with a drywall company. Ramirez began collecting medical and lost wage benefits shortly afterwards. In May of 2015 it was discovered that Ramirez was working for a restaurant while collecting lost wage benefits.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. HOWDEN

Filing Date: 6/08/2016

Charges Filed:

Horace Mann Ins: \$7,400

Insurance Fraud, Felony 2

False Vehicle Theft Claim:

In February of 2016, Howden's 2006 Chevy Colorado truck was repossessed due to defaulting on his loan. A previous attempt to repossess the truck was thwarted when Howden drove across a lawn to escape the tow truck that was there to take his truck. After the vehicle was sold by the lender to pay off the loan, Howden was paid for the amount over what he owed. More than a month later, Howden then filed an insurance claim with his insurance company alleging his vehicle had been stolen. Howden claimed the vehicle was paid off and that he did not have a loan.

Case Status:

Court case pending.

STATE vs. ADAMS

Filing Date: 6/09/2016

Charges Filed:

Sentry: \$23,884

Insurance Fraud, Felony 2

Driving vehicle w/o Insurance, Misdemeanor C

Auto Accident Past Posting:

On October 2, 2015 at 6:57 am Adams was involved in an accident while driving her 2009 Dodge Journey without insurance. Police did not respond to the accident. Adams obtained insurance that same day at 10:22 am via the internet. Adams then called in the claim stating the accident had occurred on October 3, 2015.

Case Status:

Court case pending.

Summary of Criminal Cases Filed

STATE vs. BENNETT

Filing Date: 6/13/2016

Charges Filed:

Insurance Fraud, Felony 2

American Family: \$24,447

False Ring Loss Claim:

On or about November 2015, Bennett filed a claim that she had accidentally flushed her diamond ring down the toilet while cleaning a house. Evidence was obtained to prove that the ring was never lost and the claim was fraudulent.

Case Status:

Court Case Pending

STATE vs. RODRIQUEZ

Filing Date: 6/15/2016

Charges Filed:

Insurance Fraud, Felony 3

Homesite: \$14,550

Vehicle Burglary Past Posting Claim:

On March 11, 2016 Rodriguez filed a police report that his vehicle had been burglarized and items stolen. After the burglary loss Rodriguez obtained an insurance policy and then filed an insurance claim alleging the burglary occurred after the insurance policy was in place.

Case Status:

Court Case Pending

STATE vs. WARD

Filing Date: 6/20/2016

Charges Filed:

Insurance Fraud, Felony 2

Workers Compensation Fund: \$5,322

Workers Comp Fraud/Malingering:

On or about February of 2014 Ward was injured while working. Ward later re-injured the same location and had surgery. Ward was slow to recover and misrepresented her true abilities while continuing to collect disability benefits. From October through December of 2015 Ward was seen to be working and performing tasks she advised WCF and her doctor she was unable to do as a result of her injury.

Case Status:

Court case pending.

Summary of Criminal Cases Filed

STATE vs. HOYT

Filing Date: 6/20/2016

Charges Filed:

Mass Mutual Life: \$6,680

Insurance Fraud, Felony 2

Working While Collecting Disability Benefits:

On or about February 2014, Hoyt was injured in an accident. As a result of the accident Hoyt was unable to work for an extended period of time. In July of 2015 Hoyt claimed that he was still unable to work although he was no longer under a doctors care. Hoyt was later observed working for an automotive repair shop without visible impairment while still claiming he was not working and was collecting disability benefits during the same period of time.

Case Status:

Court case pending.

STATE vs. HARRIS

Filing Date: 6/06/2016

Charges Filed:

Insurance Fraud, 2 counts, Felony 2

Insurance Fraud, Felony 3

MetLife: \$36,560

MetLife: \$30,478

Bear River: \$6,970

Paper Auto Accident / Forged Loss Documents / Exaggerated Injuries :

Harris was charged in three separate insurance fraud schemes. The first occurred on August 19 2014. Harris claimed to have been in an auto accident. The other driver denied an accident occurred. Harris filed a claim for lost wages as a result of this disputed accident and submitted altered documents to support her wage losses. Harris also submitted forged receipts for reimbursement of medications.

The second claim occurred on October 7, 2014. Harris reported a burglary of her residence. In support of her claim, Harris provided a number of forged or altered receipts for items she claimed had been stolen.

The third claim occurred on October 18, 2015. Harris reported an auto accident. Damages in the accident consisted of a minor scratch. Harris filed a claim for lost wages and household services. In support of her claim, Harris submitted altered medical documents and false wage loss documents. The damages to Harris's vehicle were also noted to be the same as those which existed in the claim made in August of 2014.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. PITTMAN

Filing Date: 6/29/2016

Charges Filed:

Workers Compensation Fund: \$135,863

Workers Comp Insurance Fraud, 2 counts, Felony 2
Communications Fraud, Felony 2
Forger, Felony 3

Premium Avoidance / Employee Underreporting:

Between 2013 and 2014, Pittman who owned a roofing company, failed to pay workers compensation insurance premiums for the actual number of employees who worked for him. This left a number of employees uninsured in the event of an injury. After this was discovered by auditors with WCF, Pittman created a different roofing company under one of his employees names. Pittman then applied for workers compensation insurance under this new company name. Pittman forged his employee's name on the application and provided false answers on the application related to history of the company on which premiums are based.

Case Status:

Court case pending.

STATE vs. KIRKHAM

Filing Date: 6/30/2016

Charges Filed:

Workers Compensation Fund: \$3,417

Workers Compensation Insurance Fraud, Felony 3

Workers Comp Fraud / Malingering:

In April of 2014 Kirkham was involved in an auto accident while employed. He began collecting temporary disability payments for lost wages. Kirkham was later offered modified work but claimed he was still too injured to work. While continuing to collect benefits a private investigator conducted surveillance finding Kirkham involved in activities he claimed he was unable to perform.

Case Status:

Court case pending.

Summary of Criminal Cases Filed

STATE vs. CALLEJAS

Filing Date: 6/30/2016

Charges Filed:

State Farm: \$5,250

Insurance Fraud, Felony 2

Exaggerated Injury / Working While Collecting Disability Benefits:

On September 2, 2015 Callejas and co-defendant Lico were involved in an accident when their 2005 Chevrolet Aveo lost a rear wheel while traveling on the freeway. Both claimed to be injured as a result of the accident and claimed to be unable to work. They collected benefits through November 1, 2015. In October of 2015, both Callejas and Lico were observed working at a restaurant without difficulty.

Case Status:

Court Case Pending

STATE vs. LICO

Filing Date: 6/30/2016

Charges Filed:

State Farm: \$5,460

Insurance Fraud, Felony 2

Exaggerated Injury / Working While Collecting Disability Benefits:

On September 2, 2015 Lico and co-defendant Callejas were involved in an accident when their 2005 Chevrolet Aveo lost a rear wheel while traveling on the freeway. Both claimed to be injured as a result of the accident and claimed to be unable to work. They collected benefits through November 1, 2015. In October of 2015, both Callejas and Lico were observed working at a restaurant without difficulty.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. QUEZADA

Filing Date: 6/30/2016

Charges Filed:

Progressive: \$1,000

Insurance Fraud, Misdemeanor A

Past Posting Vehicle Vandalism:

On February 16, 2016 Quezada changed his auto insurance coverage from liability only to comprehensive coverage. A few days later Quezada filed a claim that his 1995 Mercedes-Benz was damaged in a break in and attempted theft. It was discovered that the damage had occurred a few hours prior to Quezada changing his coverage for his vehicle.

Case Status:

Court Case Pending

STATE vs. FAWCETT

Filing Date: 6/30/2016

Charges Filed:

Esurance: \$6,680

Insurance Fraud, Felony 2

Past Posting Automobile Accident:

On May 2, 2016 Fawcett's wife was involved in an auto accident while driving their 1999 Nissan Altima. At the time of the accident their insurance policy had lapsed. Fawcett purchased comprehensive insurance within minutes after the accident and filed an insurance claim later that same day alleging the accident had occurred after their insurance policy had been purchased.

Case Status:

Court Case Pending

The seal of the Utah Insurance Department is a circular emblem with a yellow and blue border. The outer ring contains the text "INSURANCE DEPARTMENT" at the top and "UTAH" at the bottom. Inside the ring is a smaller circle with a rope-like border. The center of the seal features a shield with a beehive, flanked by two American flags, and the word "INDUSTRY" above the beehive. The year "1896" is inscribed below the shield.

Utah Insurance Department

3110 State Office Building
Salt Lake City, Utah 84114

801-538-3800 (Office)
<http://www.insurance.utah.gov>

Fraud Division

230 S. 500 E. Suite #170
Salt Lake City, Utah 84102

801-531-5380 (Office) * 801-535-2878 (Fax)
<http://www.ifd.utah.gov>